City of Seattle - Consumer Protection Unit King County - Records and Licensing Services Division

forhiredriver@kingcounty.gov

(206) 296-2710

Office Use Only			
FH #:			
License Type:			

Kin	a Cou	 ntv

Taxi and For-Hire License Application New-Renewal-Reactivation



	King Cour	ıτy	N	iew-k	enewai-Reac	tivation		•		
First Name		Mid	Middle Name			Last Name				
Previous Name	es or Aliases					Driving For		Owne	er of Company	Cab #
Pusinoss/Home	e Address (numb	an street and	ortmont	numbo	<u>~1</u>	Business/Perso	nal Email	Yes	No	
Busiliess/ Hollie	e Audress (numi	Jer, street, apa	artinent	. Hullibe	',	business/ Perso	niai Eiliaii	Auures	5	
City		State	ate Zip Code		le	Social Security Number				
Mailing Addres	ss (number, stre	et, apartment	numbe	r if diffe	rent)					
City		State	е	Zip Cod	le					
Business/Home	e Phone #	Cell	Phone #	#		Place of Birth				Date of Birth
Washington St	ate Driver's Lice	nse (DL) Numb	er*		DL Expiration	Race (optional)		Weigh	t (lbs)	Height (Ft-In)
		, ,							` ,	
* Washington State	Driver's License requi	ired. Home state D	river's Lice	ense with a	ctive Military ID or	Hair Color Eye Color				
Student ID with pro	of of full time enrollm				acceptable alternative,	Lye Color		Lyc color		
subject to review an	ia approvai.									
Has your Drive	r's License ever	been suspende	ed or re	voked?						
*Yes	No	*If yes, for	what r	eason?						
Have you had a	any moving traff	ic violations o	r accide	nte with	nin the last 5 years	including deferr	ad dismis	sad tic	kets at fault/ne	nt at fault
pending or oth		ic violations o	i accide	iits witi	iii tile last 5 years	including deferre	eu, uisiilis	seu, tici	kets at lauit/lit	ot at lault,
*Yes	No	*If yes, list	below	(attach	additional sheet(s) i	f needed)				
Date Offense or Charge			City	Sta	ate	Sta	itus			
I certify that I a	ım physically an	d mentally fit	to be a	for-hire	driver:	Yes	No			
-		to request a dr	riving al	bstract f	rom the Washingto	on State Departn	nent of Lic	ensing	as required by	
K.C.C. 6.64.590)?									
Yes	No	*Other	A co	py will	be provided to King	g County by:				
Do you authori	ize King County t	to request a ba	ackgrou	nd chec	k or a copy of a bac	kground check a	s require	by K.C	.C. 6.64.520?	
					orized, or intend to	authorize, an ap	proved t	nird-par	ty provider to	provide to
Yes	No	Other	King	County	1.					

I certify under penalty of perjury under the laws of Washington State that the foregoing is true and correct. Omission of or false representation
of a material fact is grounds for denial of my for-hire license/permit and/or vehicle endorsement. I understand there are no refunds of any fee
paid as part of this application.

(Pr	inted Name or Typed Name)	(Date)

(Written Signature, Electronic Signature, or Typed Name)

(Date)

KCSO Fingerprint (Pink)		Receipt #			
IAFIS (FBI)					
KCSO/WSP					
KCSO Background Check		Temp Issued: YES or NO	Permanent License:		
Driving Record		Expiration Date:	Expiration Date:		
SEA/KC Training (In Class)		Date Issued:	Date Issued:		
Online Training			By Initials:		
In Class Exam					
Online Exam					
Defensive Driving Course	(DDC)				
		Fees			
KC License Fee	\$				
KC Late Fee	\$	WAT Certified: YES or NO			
City License Fee	\$				
City Late Fee	\$	COMMENTS:	•		
Fingerprint	\$				
Driving Record	\$				
Training	\$				
Photo	\$				
Cash Paid	\$	Reschedule Fee:	Reschedule /date:		
Date Paid					